plication or Docket Number

Effective October 1, 2003									107516436				
		CLAIMS AS	(Column 1)		(Column 2)		SMAL TYPE	L ENTITY		OF.	OTHER THAN		
TC	TAL CLAIMS						RAT	RATE FEE]	RATE	FEE	
FOR .			NUMBER FILED		NUMBER EXTRA		BASIC	FEE	475	OR	BASIC FEE		
TOTAL CHARGEABLE CLAIMS			3 minus 20=		- 14		XS S)=	126	OR	X\$18=		
INDEPENDENT CLAIMS			, mınus 3 =				X43	X43=		OR	X86=		
MU	ILTIPLE DEPEN	IDENT CLAIM P	RESENT				+145	+145=		OR	-290=		
If the difference in column 1 is less than zero, enter "0" in column 2								٩L	16	OR	TOTAL		
	С	LAIMS AS A	MENDEC					SMALL ENTITY			OTHER THAN SMALL ENTITY		
		100.0		(Cotur		(Column 3)	3MA		ADDI-	OR 	O.III.Z.E.	ADDI-	
AMENDMENT A		REMAINING AFTER AMENDMENT		PREVIO PAID	DUSLY	PRESENT EXTRA	RAT	E	TIONAL FEE		RATE	TIONAL FEE	
	Total	*	Minus	**		=	XS 9	=		OR	X\$18=		
	Independent	*	Minus	***			X43	= .		OR	X86=		
4	FIRST PRESE	NTATION OF MI	ULTIPLE DE	PENDENT	CLAIM		+145	=		OR	+290=		
								TAL		OR	TOTAL ADDIT. FEE		
		(Column 1)		(Cotur	nn 2)	(Column 3)	ADDIT. I	-E		:	AUDII. FELI		
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIC PAID	EST BER DUSLY	PRESENT EXTRA	RAT	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	44		= .	XS 9	=		OR	X\$18=		
ME	Inaependent		Minus	***		=	X43	-		OR:	X86=		
Q	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							=		OR	+290=	·	
							TO ADDIT F			OR	TOTAL ADDIT. FEE		
(Column 1) (Column 2) (Column 3)													
AMENDMENT C	-	CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID	BER OUSLY	PRESENT EXTRA	RATI	Ξ	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	**		E	X\$ 9	=		OR	X\$18=		
	Independent	•	Minus	***		=	X43:			ÖR	X86=		
⋖	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							-			+290=		
٠,	If the entry in colu	mn 1 is less than th	ne entry in colu	ımn 2. wike	TO" in col	lumn 3.	+145			OR	TOTAL		
••	If the "Highest Nu	mber Previously Pa mber Previously Pa	aid For" IN THI	S SPACE :	s less tha s less tha	n 20, enter "20. .n 3, enter "3."	ADDIT. F	EE L	ropriate box		ADDIT. FEE	<u> </u>	
÷	ine ™ighest Num	nber Previously Pai	ra For (Total o	r independe	enii) is ine	mynesi numbe	100110 111 111	. 401	.,				

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plication or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD 10/516436 Effective October 1, 2003 CLAIMS AS FILED - PART I SMALL ENTITY OTHER THAN TYPE ____ SMALL ENTITY (Column 1) (Column 2) OE. TOTAL CLAIMS RATE FFF RATE FEE BASIC FEE BASIC FEE NUMBER EXTRA NUMBER FILED OR FOR TOTAL CHARGEABLE CLAIMS XS18= minus 20= XS 9= ÖR 160 INDEPENDENT CLAIMS minus 3 =X43= X86= OR MULTIPLE DEPENDENT CLAIM PRESENT -290= +145= OR * If the difference in column 1 is less than zero, enter "0" in column 2 TOTAL TOTAL OR OTHER THAN CLAIMS AS AMENDED - PART II SMALL ENTITY **SMALL ENTITY** OR (Column 2) (Column 3) (Column 1) HIGHEST CLAIMS ADDI-ADDI-PRESENT NUMBER REMAINING RATE **TIONAL** RATE TIONAL PREVIOUSLY **EXTRA** AFTER ENDMENT FEE FEE PAID FOR **AMENDMENT** XS 9= XS18= Minus Total OR Minus Independent X86= X43 = -OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +290= +145= OR TOTAL TOTAL OR ADDIT FEE ADDIT. FEE (Column 3) (Column 2) (Column 1) HIGHEST CLAIMS ADDI-ADDI-8 REMAINING NUMBER PRESENT TIONAL RATE TIONAL RATE **EXTRA PREVIOUSLY** AFTER AMENDMENT FEE FEE AMENDMENT PAID FOR Minus XS 9= X\$18= Total ** OR Minus Independent X86= X43= OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +290= +145= OR. TOTAL OR ADDIT FEE ADDIT. FEE (Column 3) (Cotumn 2) (Column 1) CLAIMS HIGHEST ADDI-ADDI-REMAINING NUMBER PRESENT O RATE TIONAL RATE TIONAL ENT **AFTER PREVIOUSLY EXTRA** FEE PAID FOR FEE **AMENDMENT** ENDM Total Minus X\$18= X\$ 9= OR Minus Independent X86= X43= OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +290= +145= OR * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. TOTAL TOTAL OR ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT. FEE ADDIT. FEE

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^{***}If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

[.] The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.